

Under the Paperwork Reduction Act of 1995, no persons are required to reposit to a collection of information unless it contains a valid OMB control Number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	METSO-63
	First Named Inventor	Kari Juppi
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) Required)	Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural Names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Arrangement in a Paper Machine

(Title of the Invention)

The specification of which

☐ Is attached hereto
OR

☒ was filed on (MM/DD/YYYY) **01/14/2005** as United States Application Number or PCT International

Application Number **PCT/FI2 005/050006** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.



Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
20040049	FI	01/15/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20045148	FI	04/23/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: this form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEWS OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 36528 Or <input type="checkbox"/> Correspondence address below			
Name:			
Address:			
City:		State:	Zip:
Country:	Telephone:		Fax:
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Kari		Family Name or Surname: Juppi	
Inventor's Signature 		Date: 19.6.2006	
Residence: City: Palokka	State:	Country: Finland	Citizenship: FI
Mailing Address: Hiekkapohjantie 259			
City: Palokka	State:	Zip: FI-40270	Country: Finland
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Antti		Family Name or Surname: Komulainen	
Inventor's Signature 		Date: June 15 2006	
Residence: City: Keuruu	State:	Country: Finland	Citizenship: FI
Mailing Address: Tarhiantie 22			
City: Keuruu	State:	Zip: FI-42700	Country: Finland
<input type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box +

PTO/SB/02A (11-00)


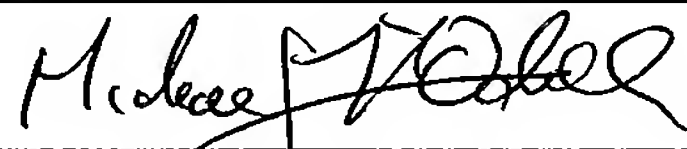
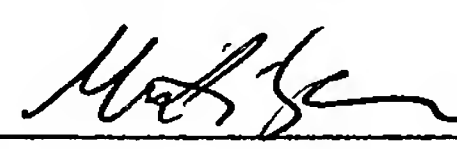
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Markku		Family Name or Surname: Lummila	
Inventor's Signature 		Date: <i>June 15 2006</i>	
Residence: City: Jyväskylä	State:	Country: Finland	Citizenship: FI
Mailing Address: Kaakkoiskaari 9			
City: Jyväskylä	State:	Zip: FI-40530	Country: Finland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Michael		Family Name or Surname: Odell	
Inventor's Signature 		Date: <i>3 July 2006</i>	
Residence: City: Jyväskylä	State:	Country: Finland	Citizenship: FI
Mailing Address: Purnu 10			
City: Jyväskylä	State:	Zip: FIN-40640	Country: Finland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Martti		Family Name or Surname: Salminen	
Inventor's Signature 		Date: <i>June 15 2006</i>	
Residence: City: LIEVESTUORE Jyväskylä	State:	Country: Finland	Citizenship: FI
Mailing Address: Puhakantie 120			
City: Lievestuore	State:	Zip: FIN-41400	Country: Finland

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Riikka		Family Name or Surname: Antikainen	
Inventor's Signature <i>Riikka Antikainen</i>		Date: <i>June 15 2006</i>	
Residence: City: Muurame	State:	Country: Finland	Citizenship: FI
Mailing Address: Metsätie 5			
City: Muurame	State:	Zip: FIN-40950	Country: Finland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Petter		Family Name or Surname: Honkalampi	
Inventor's Signature <i>Petter Honkalampi</i>		Date: <i>June 19th, 2006</i>	
Residence: City: Kinkomaa	State:	Country: Finland	Citizenship: FI
Mailing Address: Kinkoriutantie 21			
City: Kinkomaa	State:	Zip: FIN-40930	Country: Finland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]):		Family Name or Surname:	
Inventor's Signature		Date:	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
City:	State:	Zip:	Country:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231